

Thomas O. Forslund, Director

Governor Matthew H. Mead

**WYOMING OFFICE OF EMERGENCY MEDICAL SERVICES
AMBULANCE ATTENDANT or AUTHORIZED FIRE SERVICE AFFILIATION**

<input type="checkbox"/> EMT-Basic – Ambulance	<input type="checkbox"/> EMT-Basic – Fire Protection Service
<input type="checkbox"/> AEMT – Ambulance	<input type="checkbox"/> AEMT – Fire Protection Service
<input type="checkbox"/> EMT-Intermediate – Ambulance	<input type="checkbox"/> EMT-Intermediate – Fire Protection Service
<input type="checkbox"/> Paramedic – Ambulance	<input type="checkbox"/> Paramedic – Fire Protection Service

Applicant Information:

_____ Last	_____ First	_____ Middle
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_____ Street or PO Box	_____ City	_____ State	_____ Zip
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_____ Certification #	_____ Expiration Date	_____ Date of Birth	_____ Social Security Number
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Service Affiliation:

_____ Service Name	_____ City	_____ State
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Service Supervisor's Signature**Crimes against a Person, Felony Conviction, and Licensing Action:**Have you ever been convicted of a crime against a person? ☐ Yes ☐ NoHave you ever been convicted of a felony? ☐ Yes ☐ NoHave you ever been subjected to limitations, suspensions or terminations of your right to practice in a health care occupation or voluntarily surrendered a health care license in any State or to any agency authorizing the legal right to work? ☐ Yes ☐ No

If you answered “Yes” to any questions above, you must provide official documentation of current status and disposition of the case.

Office of Emergency Medical Services • 6101 Yellowstone Rd., Suite 400 • Cheyenne WY 82002

WEB Page: www.health.wyo.gov/sho/ems • ems-licensing@wyo.gov

Toll Free 1-888-228-8996 • Main Number (307) 777-7955 • FAX (307) 777-5639

I hereby certify that the above information is complete and correct and acknowledge that any material misstated is grounds for revocation or suspension of the certification. I authorize the Office of Emergency Medical Services (OEMS) and its Staff to contact such agencies as may be necessary to validate this information. This document shall also serve as a release for such agencies to provide information to the Office of Emergency Medical Services.

Applicant's Signature

Date

INITIAL SERVICE AFFILIATION APPLICANTS

This applicant has completed the local affiliated agency orientation to include review of protocols.

Date Completed

Service Supervisor's Signature

SCOPE OF PRACTICE AUTHORIZED

___ Intermediate Scope of Practice

Mark the procedures and medications authorized

Procedures	Medical Emergency Meds	Cardiovascular Meds
Chest Decompression - voice order	Albuterol	Atropine Sulfate - SO Asytale
Defibrillation – Manual	Ativan - voice order	Epinephrine 1:10000
IV therapy including intraosseous	Atrovent	Furosemide - voice order
Multiluman Airways - Combitube, PTL	Dextrose	Saline Lock
Oral Endotracheal Intubation	Epinephrine 1:1000 for anaphylaxis	Lidocaine - voice order
	Glucagon	Morphine Sulfate - voice order
Bolded items are within the AEMT scope	Morphine Sulfate - voice order	Naloxone
	Naloxone	Nitroglycerine
	Thiamine - voice order	Sodium Bicarbonate - voice order
	Valium - voice order	Vasopressin - voice order
	Xopenex	
	Zofran - voice order	

___ Paramedic Scope of Practice

I have filled with the OEMS performance protocols for the skills and medications authorized under the levels above. I agreed to monitor the performance of these procedures by the applicant and understand that I am legally and professionally responsible for the actions this provider.

Date

Medical Director's Signature

Medical License Number

OEMS Use Only

Date Received Approval Date Additional Service Affiliation?

WY Certification # Expiration Date WY Course # NREMT Cert # Expiration Date

This document can be scanned and submitted electronically to ems-licensing@wyo.gov